

# Application for Employment

## Applicant Data sheet



King County is an equal opportunity employer.

The following information is requested for purposes of obtaining data that will enable us to implement the King County Affirmative Action Plan and let us know how you learned about this job. All information you provide is confidential and any disclosure of your gender and ethnic group/race is voluntary.

### PLEASE PRINT OR TYPE

**Position Title:**

**Job Announcement #:**

**Name:**

LAST

FIRST

M.I.

**Mailing Address**

STREET

APT#

CITY

STA  
TE

ZIP CODE

( ) -

( ) -

**HOME PHONE NUMBER**

**ALTERNATE NUMBER**

**E-MAIL ADDRESS**

**GENDER: (OPTIONAL)** ☐ Female ☐ Male

**REFERRAL SOURCE:** How did you learn about this position? Mark all boxes applicable from the list below.

King County sources: ☐ Bulletin Boards ☐ Job Line ☐ Employment Centers ☐ Web Site

☐ Community Center ☐ Employee referral

☐ College/university placement office: specify \_\_\_\_\_

☐ Friend/word of mouth

☐ Community agency or group referral: specify \_\_\_\_\_

☐ Other Web Site \_\_\_\_\_

☐ Newspaper: specify \_\_\_\_\_ date: \_\_\_\_\_ ☐ Radio / specify: \_\_\_\_\_

☐ TV / specify \_\_\_\_\_

☐ Other: \_\_\_\_\_

### AFFIRMATIVE ACTION DATA

King County is committed to non-discrimination in employment. To assist in this effort, the County requests that you provide the following information which will not be used in evaluating your application. Completion of this section is optional.

### ETHNIC GROUP/RACE

If you identify with more than one ethnic group set forth below, we respect your desire to do so. However, it would be helpful if you mark the ONE ethnic group with which you most identify.

**B** ☐ **African American/Black:** Persons having origins in any of the black racial groups of Africa.

**I** ☐ **American Indian/Alaska Native:** Persons having origins in the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition.

**A** ☐ **Asian/Pacific Islander:** Persons having origins in the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. These areas include China, Japan, Korea, the Philippine Islands, and Samoa.

**H** ☐ **Hispanic/Latino:** Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin unique to the Americas, regardless of race.

**W** ☐ **White/Caucasian:** Persons having origins in any of the original peoples of Europe, North Africa, the Middle East, or Southwest Asia.

### DISABILITY

**Do you meet the following disability definition?** ☐ YES ☐ NO A disability is a *permanent physical, mental or sensory condition*. The disability must be substantial rather than slight, and permanent in that it is seldom fully corrected by medical replacement, therapy, or surgical means. This confidential information is solicited and maintained for affirmative action purposes only. It should not be construed and will not be considered as a request for accommodation.

**Will you need accommodation in the application or testing process?** ☐ YES ☐ NO If you checked the "YES" box, the human resources staff person coordinating this recruitment will send you a request asking for additional information. You may also call the contact number listed on job posting in the *Where to Apply* section.

**Alternative Format Available at 206-296-7586 (Voice) or 1-800-833-6388 (TTY - WA Relay Service)**

## VETERAN STATUS

Dates Served: \_\_\_\_\_ to \_\_\_\_\_.

**Vietnam-era Veteran** ☐ YES ☐ NO

[Percent of disability: \_\_\_\_\_%] "A person who served on active duty for a period of more than 180 days, and was discharged or released therefrom with other than dishonorable discharge, if any part of such active duty occurred: (1) In Vietnam between 2-28-61 and 5-7-75; or between 8-5-64 and 5-7-75 in all other cases; or, (2) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed; (3) in Vietnam between 2-28-61 and 5-7-75; or between 8-5-64 and 5-7-75 in all other cases."

**Special Disabled Veteran** ☐ YES ☐ NO

[Percent of disability: \_\_\_\_\_%] "A veteran who is entitled to compensation or who, but for the receipt of military retirement pay, would be entitled to compensation under laws administered by the U.S. Department of Veterans Affairs for disability: (1) Rated at 30 percent or more; or Rated 10 or 20 percent in the case of a veteran who has been determined under 38 U.S.C. 3106 to have a serious employment handicap; or, (2) A person who was discharged or released from active duty for a service connected disability."

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## MILITARY SERVICE/VETERAN'S PREFERENCE

Per RCW 41.04.010, certain veterans are eligible for Veteran's Preference. **To be eligible, you must meet all of the following four criteria:**

1. You have not previously used your veteran's status to obtain an offer of employment.
2. You served in the military during any period of war (the Persian Gulf War began August 2, 1990 and has not yet officially ended). Military service during the Lebanon crisis, the invasion of Grenada, or the Operation Just Cause in Panama must have resulted in award of the respective campaign badge or medal for these military actions) OR you received the Armed Forces Expeditionary Medal or the Marine Corps or Navy Expeditionary Medal for opposed action on foreign soil, or the Southwest Asia Service Medal.
3. You served on active duty for at least 180 days. (Reserve and National Guard Service for less than six continuous months is not regarded as active duty.)

Have you ever obtained employment in Washington State using Veteran's Preference?

☐ YES ☐ NO

Do you claim Veteran's Preference for this examination?

☐ YES ☐ NO

If claiming Veteran's Preference, you must attach form DD214. Form attached?

☐ YES ☐ NO

Have you served on active duty in the U.S. military in the last 96 months?

☐ YES ☐ NO

If yes: Branch of service: ☐ Air Force ☐ Army ☐ Coast Guard ☐ Marines ☐ Navy

☐ Regular ☐ Reserve ☐ National Guard Active Duty Dates \_\_\_\_\_ to \_\_\_\_\_

Are you receiving Veteran's retirement pay? ☐ YES ☐ NO

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## CURRENT EMPLOYMENT WITH KING COUNTY

Are you currently a King County employee? ☐ YES\* ☐ NO

If yes, what is your status? ☐ Regular ☐ Temporary (TLT, short term temp, intern)

\* NOTE: If you are employed by a temporary agency or have a contract with King County, you are NOT considered an employee.

Current job title (King County employees only): \_\_\_\_\_

In which department do you work?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Adult and Juvenile Detention      | <input type="checkbox"/> District Court            | <input type="checkbox"/> Prosecuting Attorney |
| <input type="checkbox"/> Assessments                       | <input type="checkbox"/> Executive Services        | <input type="checkbox"/> Public Health        |
| <input type="checkbox"/> Community & Human Services        | <input type="checkbox"/> Judicial Administration   | <input type="checkbox"/> Sheriff's Office     |
| <input type="checkbox"/> County Council                    | <input type="checkbox"/> Natural Resources & Parks | <input type="checkbox"/> Superior Court       |
| <input type="checkbox"/> Development & Environmental Svcs. | <input type="checkbox"/> Office of the Executive   | <input type="checkbox"/> Transportation       |

**I certify that the information provided above is accurate and true, and may be subject to verification. I understand that falsification of any information requested above may disqualify my application and/or be grounds for dismissal.**

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

## APPLICATION FOR EMPLOYMENT

*King County is an equal opportunity employer.*

**Position Title:**

**Job Announcement #:**

### Instructions:

- ◆ Carefully read the job announcement relating to the position for which you are applying.
- ◆ Provide all information requested by **typing or printing** in ink.
- ◆ Be sure to date and sign the application. An incomplete application may delay action or disqualify you.
- ◆ Please return all required materials as indicated on the job announcement.

Your Social Security Number is not requested on this job application, but it may be requested when an offer of employment is extended if the position requires a background investigation.	Human Resources Division: Job Line: Washington Relay Service:	(206) 296-7340 (206) 296-5209 1-800-833-6388
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Last Name	First Name	Middle Initial
Street Address	City	State
Home Phone ( ) -	Name and Message Phone No. ( ) -	Zip Code -

Are you currently a King County employee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you previously worked for King County?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently a full time employee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you 18 years or older?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you accept a part-time position?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you accept a temporary position?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a U.S. Citizen? (Sheriff's Office applicants only)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you provide documentation that authorizes you to work in the United States of America?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

High School	Location (City )	Location (State)	<input type="checkbox"/> Yes <input type="checkbox"/> No Graduate/G.E.D.
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College or University	Location (City & State)	Dates (From/To) / to /	<input type="checkbox"/> Yes <input type="checkbox"/> No Graduate
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Degree Title	Date /	Major	Credit Hours
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Other Training	Location (City & State)	Dates (From/To) / to /
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Other Training	Location (City & State)	Dates (From/To) / to /
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Other valid professional licenses and certificates:	Type of License:	Issuing State	Registration No.:	Expiration Date / /
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Names of relatives employed by King County	Department/Division	Relationship
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Have you been convicted of a felony within the past 10 years? ☐ Yes ☐ No  
If yes, for what were you convicted? \_\_\_\_\_

**NOTE:** A conviction will not necessarily bar you from employment and will be considered only if it relates reasonably to the job duties.

I certify that all statements on my application materials are true to the best of my knowledge. I understand that false statements shall be sufficient cause for elimination from further consideration or, if employed, for disciplinary action up to and including termination. Unless otherwise indicated, I agree and give my consent that any person, firm or organization listed hereon is authorized to furnish King County with reference material concerning my character, past employment or any other information requested. Further, I understand that at the time of hire I will be required to provide documentation that authorizes me to work in the United States of America.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>For Office Use Only</b>			
<input type="checkbox"/> Accepted <input type="checkbox"/> Accepted subject to:	<input type="checkbox"/> Disqualified <input type="checkbox"/> Experience <input type="checkbox"/> Education <input type="checkbox"/> Other (specify)	Analyst	Date

Action	Alternative Format Available at 206-296-7586 (Voice) or 1-800-833-6388 (TTY - WA Relay Service)
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**Previous Employment** **This section must be completed in detail.** A resume will not substitute for a completed King County application unless the job posting so indicates. Beginning with your present or most recent employment, list work experience gained during the past 10 years. Include any periods of self-employment, U.S. military service, and any job-related volunteer experience. If more than one position has been held with the same employer, list each separately. If additional space is necessary, please attach additional sheets.

Job Title		Employer's Name and Address	
Supervisor's Name			
Supervisor's Phone Number ( ) -	Employer's Phone # ( ) -	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of employees supervised by you:
Dates Employed (Mo./Yr.) / to /	Hours per week:	Last Salary\$	
Duties:			
Reason for leaving or considering change:			
Job Title		Employer's Name and Address	
Supervisor's Name			
Supervisor's Phone Number ( ) -	Employer's Phone # ( ) -	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of employees supervised by you:
Dates Employed (Mo./Yr.) / to /	Hours per week:	Last Salary\$	
Duties:			
Reason for leaving or considering change:			
Job Title		Employer's Name and Address	
Supervisor's Name			
Supervisor's Phone Number ( ) -	Employer's Phone # ( ) -	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of employees supervised by you:
Dates Employed (Mo./Yr.) / to /	Hours per week:	Last Salary\$	
Duties:			
Reason for leaving or considering change:			
Job Title		Employer's Name and Address	
Supervisor's Name			
Supervisor's Phone Number ( ) -	Employer's Phone # ( ) -	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of employees supervised by you:
Dates Employed (Mo./Yr.) / to /	Hours per week:	Last Salary\$	
Duties:			
Reason for leaving or considering change:			